

Sullivan County Fire and EMS Grant Program 2020

COVID – 19 Grant Program

Since March 2020, most nonprofit fire companies and first responders have suffered due to Covid -19. Sullivan County seeks to provide assistance to those agencies with the following grant program.

Local Fire companies and first responders that are operating as a non-profit are urged to apply

Grant funds can be used to help offset losses due to cancellation of fund raising activities

Grants money can also help offset the cost of additional PPE and supplies purchased due to Covid-19

To offset any losses caused by call volume

Guidelines to apply for Grant

1. Fill out the application
2. Follow verification for non –profit status
3. Follow all verification procedures for Covid-19 related losses
4. Submit completed application to Sullivan County Office of Emergency Management or at grants@sullivancounty-pa.us or drop off at the Sullivan County Courthouse at 245 Muncy St. Laporte, PA or mail to Sullivan County Courthouse Office of Emergency Management at PO Box 157 Laporte. PA 18626
5. Application deadline August 14th, 2020
6. Please download the application from our website (or call to have them mailed or emailed)
7. Questions? Contact the Office of Emergency Management, or Commissioner Darlene Fenton at 570-946-5201

Who is Eligible?

Any nonprofit fire company or EMS service

Please provide proof of non-profit status. This can be in the form of a financial documents, a certified copy of the Articles of Incorporation, or IRS forms.

Attach proof of losses due to Covid-19. The following items can be accepted, based on the type of losses:

Invoices/bills – for example, the purchase of additional PPE.

Financial Statements – for example to show the amount of income produced through fund-raising in 2019 that was unable to be raised in 2020 due to Covid -19

Show the differences in income March – July of 2019 and March – July 2020.

All applicants will be required to certify that they have not received funding from other federal sources to supplement these losses.

Sullivan County CARES Grant

1. Name of Organization _____
2. Telephone () _____ Date: _____
3. Address: _____
4. Contact Person: _____
5. Email address: _____
6. 501 c (3) ? _____ If yes, EIN _____
7. Did you receive funding from the CARES Act (PPP, SBA, etc.)? If yes, please provide the funding source and amount, description of use:

Expenses:

Please remember to attach a paid receipt or proof of payment for each

Description (example copy of electric bill, rent, mortgage payment, cleaning supplies, etc.) March through July 31, 2020.

- 1.
- 2.

- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

Add more receipts

Total requested _____

Equipment, PPE, purchased for COVID-19 related activities. Equipment/materials anticipated to purchase.

Attached receipts and or estimated cost of new equipment material to be purchased:

Total: _____

Fund raising Activities

Date Held (2019) Event _____	Total Income(2019) (A)	Cost to Hold (2019) (B)	Loss of Income (A-B)
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1. (Date) _____	A) _____	B) _____	C) _____
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Event _____

2. (Date) _____	A) _____	B) _____	C) _____
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Event _____

3. (Date) _____	A) _____	B) _____	C) _____
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Event _____

4. (Date) _____	A) _____	B) _____	C) _____
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Event _____

5. (Date) _____	A) _____	B) _____	C) _____
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